

**Massachusetts Department of Public Health, William A. Hinton State Laboratory Institute**  
**University of Massachusetts Medical School, Jamaica Plain Campus**  
**305 South Street, Jamaica Plain MA 02130**

### Access Agreement of Acceptance

#### **Restricted Floor**

(please check statements)

	I have received an Employee identification/Access card which allows me access to Tower building floors 3, 4, and 7. My Access card # is (front right lower corner):
	I have received security training regarding the use of this device (Employee Identification Card / Building Security/ Restricted Floor Access training)
	I will wear my card in a visible location at all times while on this campus.
	I understand that the card is for my use only, and may not be shared with or transferred to any other individuals.
	If I arrive at work without my card, I agree to notify Security upon entry, sign in and out of the building at the Front Desk and obtain a Temporary building access card, and I will obtain a Temporary restricted floor 3, 4, 7 access card.
	If my card is lost or cannot be located, I will notify my supervisor immediately.
	I understand that losing the card and subsequent replacement may incur a replacement cost.

By signing this document, I certify that I understand my responsibilities as an employee. I will abide by security policies and procedures for all who work on or visit these restricted floors.

Print Name:	Annie Dookhan
Signature:	Date: _____

#### **Restricted Laboratory Access**

(please check statements)

	I have been granted access to restricted laboratory rooms: 3 east rooms-
	I have received security training regarding access to restricted laboratories.
	I understand and will continue to abide by the security procedures and policies for my employee identification/access card that was issued to me.
Signature:	Date: _____

ATTACHMENT-12

SA001-01-10

SOP SA.001 Ver.2

Page 24 of 27